



BUSINESS AND PROFESSIONS DIVISION COSMETOLOGY SECTION PO BOX 9026 OLYMPIA, WA 98507-9026 www.dol.wa.gov/plss/cosfront.htm

COSMETOLOGY, BARBERING, ESTHETICS AND/OR MANICURING SCHOOL TUITION CERTIFICATION

School Information				
School Name				
Address (Physical)				
Address (Filysical)				
City		State	Zip	
Approved Security Information				
Gross Tuition (Jan.1-Dec. 31 of last year)	Amount of Approved Security Required			
\$	\$			
Note: Your school may be required to provide document the security provisions of RCW 18.16.140(e).	ntation and records	s as evidence of	your compile	ance with
the security provisions of now 10.10.140(e).				
Certification				
By my signature, I certify that the above school meets the	security requirement	t in an amount of	ten percent o	of the
annual gross tuition collection from January 1 to Decembe	r 31 of last year, but	not less than \$10),000.00, nor	more than
\$50,000.00.				
I understand that a material misstatement of information of	n this certification re	port may be grou	nds for discip	linary
action against the school license pursuant to RCW 18.16.2	200 and RCW 18.16	.210 and I swear	or affirm that	the
information is accurate and complete.				
X	_			
Signature of Owner	City		State	Date

Upon Filing, This Application Becomes A Public Record And Is Subject To Public Disclosure Provisions Pursuant To RCW 42.17